LAST NAME:	FIRST NAME:MI:	
ADDRESS:		
CITY:	STATE:ZIP:	
E-MAIL:	COUNTY:	
HOME PHONE:	SSN:	
SERVICE PROVIDER:	SITE CODE: 02 03/	
CONTACT INFORMATION	2ND CONTACT INFORMATION	
LAST NAME:	LAST NAME:	
FIRST NAME:	FIRST NAME:	
PHONE:	PHONE:	
RELATIONSHIP:	RELATIONSHIP:	
1) DATE OF BIRTH:	15) DISABLED VETERAN:	
	1. YES	
2) HISPANIC/LATINO:	2. YES, SPECIAL DISABLED	
1. YES	3. NO	
2. NO	16) RECENTLY SEPARATED VETERAN:	
2A)WIASRD RACES: WHITE YES NO AMER INDIAN YES NO	1. YES 2. NO	
ASIAN YES NO HAWAIIAN/NATV YES NO BLK/AFRCN YES NO	17) INDIVIDUAL WITH DISABILITY: 1. YES	
3) GENDER:	2. NO	
1. MALE 2. FEMALE	18) YOUTH WHO NEEDS ASSISTANCE:	
4) CITIZEN STATUS:	1. YES	
1. CITIZEN STATOS.	2. NO	
2. ELIGIBLE NON CITIZEN	19) LIMITED ENGLISH PROFICIENCY:	
3. NON CITIZEN	1. YES	
5) EDUCATION STATUS:	2. NO	
1. In-school, H.S. or less	20) OFFENDER:	
2. In-school, Alternative School	1. YES	
3. In-school, Post-H.S.	2. NO	
4. Not attending school or H.S. Dropout	21) DISPLACED HOMEMAKER:	
5. Not attending school; H.S. graduate	1. YES	
6) HIGHEST SCHOOL GRADE COMPLETED:	2. NO	
7) BEHIND GRADE:	22) HOMELESS AND/OR RUNAWAY:	
1. YES 2. NO	1. YES	
8) BASIC LITERACY SKILLS DEFICIENCY:	2. NO	
1. YES 2. NO	23) LACKS WORK HISTORY:	
9) FAMILY SIZE:	1. YES	
	2. NO	
10) DEPENDENTS < 18	24) LONG-TERM TANF:	
	1. YES	
11) SINGLE PARENT:	2. NO	
1. YES 2. NO	25) PREGNANT OR PARENTING YOUTH:	
12) SELECTIVE SERVICE MALE BORN AFTER 12/31/59):	1. YES	
1. YES	2. NO	
2. NO	26) SUBSTANCE ABUSE:	
3. EXEMPT-INCLUDING FEMALES	1. YES	
13) VETERAN STATUS:	2. NO	
1. YES < 180 DAYS	27)LOCALLY DEFINED BARRIER:	
2. ELIGIBLE VETERAN 2. OTHER ELIGIRI E RERSON	1. YES	
3. OTHER ELIGIBLE PERSON	2. NO	
4. NO 14) CAMPAIGN VETERAN:	28) UNEMPLOYMENT INSURANCE:	
14) CAMPAIGN VETERAN: 1. YES	1. YES 2. NO	
1. YES 2 NO	Z. NO 3. EXHAUSTED RENEFITS	

30) PRE-PROGRAM LABOR FORCE: 1.Employed 2. Employed but received notice of termination	1. YES 2. NO-DID NOT APPLY	
1.Employed	2. NO-DID NOT ALL ET	
	3. NO-APPLIED BUT DENIED	
	4. NO-APPLICATION PENDING	
of employment or military separation	44) PELL GRANT AMOUNT:	
3. Not employed	,	
31) PRE-PROGRAM/DISLOCATED HOURLY WAGE:	45) ANNUAL FAMILY INCOME:	
32) HOURS WORKED PER WEEK:	46) READING LEVEL EQUIVALENT:	
33) PRE-PROGRAM OCCUPATION (O-NET):	47) MATH LEVEL EQUIVALENT:	
34) EMPLOYMENT START DATE (M/D/Y):	48) ELIGIBILITY DATE:	
35) EMPLOYER CODE:	49) REGISTRATION DATE:	
36) EMPLOYER NAME:	50) PROGRAM/PROJECT CO	DDF:
00) 21111 20 121(17/4)12.	ADL: ADULT - LOCAL	DWL: DISLOC WKR - LOCAL
37) INDUSTRY OF DISLOCATION (NAICS CODE):	DAA-ADDITIONAL ASSIST	INW: INCUMBENT WKR (STATE)
,	D**: NAT'L EMERGENCY	OTH: OTHER (STATEWIDE)
38) REFERRED BY WPRS:	SDH: DISPL HOMEMAKER	YOU: YOUTH - LOCAL
1. YES 2. NO	51) CASE MANAGER ID:	
39) LAYOFF STATUS:		
1. LAYOFF HAS OCCURRED	52) INTAKE STAFF:	
2. N/A - NO DISLOCATION JOB		
3. PENDINGEMPLOYED AT ENROLLMENT	53) POST READING LEVEL:	
4. LAYOFF STATUS UNKNOWN		
40) LAYOFF DATE (MONTH/DAY/YEAR):	54) POST MATH LEVEL:	
41) DISLOCATED WORKER ELIGIBILITY:	55) VENDOR ASSIGNED AT REGISTRATION:	
42) ECONOMIC FACTORS:	56) CONCURRENT PARTICIPATION:	
TANF: YES NO	01 ADULT ED (WIAT2)	09 VOCATIONAL REHAB
SSI: YES NO	02 JOB CORPS	10 WAGNER-PEYSER (WIAT3)
GA REC: YES NO	03 MIGRANT/SEAS WKR	11 WELFARE TO WORK
RA REC: YES NO	04 NATIVE AMER PROG	12 TITLE V-OLDER AM ACT
POV/ILLSIL: YES NO	05 VET LABOR EXCHANGE	13 COMM SVC BLOCKGRANT
FOOD STAMPS: YES NO	06 TRADE ADJ ACT (TAA)	14 DEPT HOUSING/URB DEV
FOSTER CHILD: YES NO	07 NAFTA/TAA	15 OTHER NON-WIA PROG
HOMELESS: YES NO	08 VOCATIONAL ED	16 VET PROG-VWIP
LOW INCOME: YES NO 5% WINDOW: YES NO	99 N/A 57) REFERRED TO:	
5% WINDOW: YES NO CERTIFICATION:	37) REFERRED TO:	
I CERTIFY THAT THE INFORMATION PROVIDED IS TR INFORMATION I HAVE PROVIDED IS SUBJECT TO REV TO SUPPORT THIS APPLICATION. I AM ALSO AWARE AFTER ENROLLMENT AND MAY BE PROSECUTED FO INFORMATION. I ALLOW RELEASE OF THIS INFORMA USED TO DETERMINE ELIGIBILITY. I HAVE BEEN ADV ACT OF 1974.	VIEW AND VERIFICATION AND I THAT I AM SUBJECT TO IMMED R FRAUD IF I INTENTIONALLY S ATION FOR VERIFICATION PURF	MAY HAVE TO PROVIDE DOCUMENTATION DIATE TERMINATION IF I AM FOUND INELIGIBLE SUPPLIED INACCURATE OR MISLEADING POSES AND UNDERSTAND THAT IT WILL BE
SIGNATURE OF APPLICANT:		DATE:
SIGN	PRIN	
SIGNATURE OF INTERVIEWER:		DATE:

Revised 11/23/2005